

Hon. Sharon M.J. Gianelli, J.S.C.  
**ADJOURNMENT REQUEST FORM - IAS Part 28**

THIS FORM IS REQUIRED FOR ALL ADJOURNMENT REQUESTS  
**ALL REQUESTS MUST BE ON CONSENT OF ALL PARTIES,**  
**INCLUDING THE ATTORNEY FOR THE CHILD (IF APPLICABLE).**

Case Name: \_\_\_\_\_ Index No.: \_\_\_\_\_/\_\_\_\_\_

Currently-Scheduled Adjourn Date: \_\_\_\_\_

Requested Adjourn Dates (Please provide 3):

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Purpose of Appearance:

P.C. \_\_\_\_\_ COMPLIANCE \_\_\_\_\_ CERTIFICATION \_\_\_\_\_  
PRE-TRIAL \_\_\_\_\_ HEARING \_\_\_\_\_ TRIAL \_\_\_\_\_ MOTION \_\_\_\_\_

Reason for Request (Affirmation of Actual Engagement attached, if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT INFORMATION

Party Requesting Adjournment (circle one): PLAINTIFF / DEFENDANT

Attorney Contacting Court: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you have the consent of your adversary and, if applicable, the  
Attorney for the Child(ren)? (circle one) YES / NO

**\*NOTE: ALL REQUESTS MUST BE RECEIVED BY THE SECRETARY VIA FAX AT  
(516) 493-3462, BEFORE 3:00 PM OF THE PRIOR BUSINESS DAY.**

A confirming letter, in full compliance with this Part's Rules, must be received by the  
Secretary via Fax before **4:00 PM** on the date the adjournment is granted *OR the  
adjournment request will be considered withdrawn, and the currently scheduled  
adjourn date will remain on the Court's calendar.*